

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

32199

State File No.

SEP 29 1952

BIRTH NO.		REG. DIST. NO. 184		PRIMARY REG. DIST. NO. 3038		Registrar's No. 218	
1. PLACE OF DEATH a. COUNTY Linn				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Linn			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Brookfield,		c. LENGTH OF STAY (In this place) 3 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bucklin, Missouri 058-0			
d. FULL NAME OF HOSPITAL OR INSTITUTION Brookfield Hospital				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) Annie		a. (First) b. (Middle) M. c. (Last) Rice		4. DATE OF DEATH (Month) (Day) (Year) Sept. 21, 1952			
5. SEX Female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH May 9, 1880	
9. AGE (In years last birthday) 72		10. MONTHS 4		11. DAYS 12		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (City and State or Foreign Country) Ethel, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Joseph Johnston		13b. MOTHER'S MAIDEN NAME Elizabeth Truitt		14. NAME OF HUSBAND OR WIFE --- Deceased ---			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. Alba Neet, ADDRESS Bucklin, Missouri			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Cerebral Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis DUE TO (c) senility II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronchopneumonia				INTERVAL BETWEEN ONSET AND DEATH 3 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Dec 11, 1950, to Sept 21, 1952, that I last saw the deceased alive on Sept 20, 1952, and that death occurred at 3:51 a.m., from the causes and on the date stated above.							
23a. SIGNATURE R. A. Dinkelbush		(Degree or title) D.O. 2		23b. ADDRESS Bucklin Mo		23c. DATE SIGNED 9-22-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 23, 1952		24c. NAME OF CEMETERY OR CREMATORY Ethel Cemetery		24d. LOCATION (City, town, or county) (State) Ethel, Missouri	
DATE REC'D BY LOCAL REG. 9-22-1952		REGISTRAR'S SIGNATURE Nadine Stambach		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Larson Funeral Service, Bucklin, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

E. A. Larson

Licensed Embalmer No. *4037*

P. O. Address *Bucklin, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.